

(Column 1)

(Column 2)

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	19	minus 20 =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1	minus 3 =
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

of

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ _____
X 1 _____ =	
X 1 _____ =	
4 \$ _____ =	
TOTAL	

	RATE	FEE
OR		770
OR	K 1 _____	}
OR	K 1 _____	
OR	K 1 _____	
		770

(Column 1)

(Column 7)

(Continued)

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESEN EXTRA	
Total (1) CFA 16600	19	20	20	-	
Independent (1) CFA 16600	1	3	3	-	

SMALL COUNTRY

cf.

OTHER THAN
SMALL ENTITY

RATE	ADD THRU PER
1.00	
1.00	
1.00	
TOTAL	
4.00	

SOURCE ENTITY	
DATE	ADDITIONAL FEE
7-1-1	0
7-1-1	2
7-1-1	3
TOTAL	5
ADDITIONAL FEE	

(1.0.0.0)

(Column 2)

(Enclosure 3)

AMENDMENT #	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINDER AFTER AMENDMENT		HIGHER NUMBER PREVIOUSLY PAID FOR		PRESENT EFFECT
Total (1) CR + (14) CR		same			
Independent (1) CR + (16) CR		same			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (1) CR + (14) CR

12. 6. 19

A.6.1:

DATE	AMOUNT PAID
10/1/54	100.00
10/2/54	100.00
10/3/54	100.00
10/4/54	100.00
10/5/54	100.00
10/6/54	100.00
10/7/54	100.00
10/8/54	100.00
10/9/54	100.00
10/10/54	100.00
10/11/54	100.00
10/12/54	100.00
10/13/54	100.00
10/14/54	100.00
10/15/54	100.00
10/16/54	100.00
10/17/54	100.00
10/18/54	100.00
10/19/54	100.00
10/20/54	100.00
10/21/54	100.00
10/22/54	100.00
10/23/54	100.00
10/24/54	100.00
10/25/54	100.00
10/26/54	100.00
10/27/54	100.00
10/28/54	100.00
10/29/54	100.00
10/30/54	100.00
10/31/54	100.00
TOTAL	3000.00

	RATE	ADDITIONAL FEE
CH2	1 1/2	
CH2	1 1/2	
CH2	1 1/2	
CH2	1 1/2	
	TOTAL	ADDITIONAL FEE

(Column 1)

(Colman 7)

{Column 1}

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMPLIFICATION	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESALE EXTEND
Total C: CFA + 14GB	+	Equals	+
Independent D: CFA + 14GB	-	Minus	-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS: C: CFA + 14GB

Fig. 10.

6454

RATE	ADDITIONAL FEE
A. 1 _____	
A. 2 _____	
A. 3 _____	
TOTAL SIMIL FEE	

DATE	12/11	ADDITIONAL FEE
TIME	11:00	
NAME	W. J. ...	
ADDRESS	411 ...	
CITY	10111	
STATE	41111	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" of THIS SPACE is less than the entry in column 2, write "1" in column 3.
- If the "Highest Number Previously Paid For" of THIS SPACE is less than the entry in column 2, write "2" in column 3.
- If the "Highest Number Previously Paid For" of THIS SPACE is less than the entry in column 2, write "3" in column 3.

[illegible]